

As the saying goes – “if you have met one older person, you have met one older person”. In other words, older people are not a homogenous group; in fact there are many commentators who would argue that people become more diverse as they get older. Unfortunately it would appear that we still have some way to go before we can say that some of the most common interventions and services for older people truly reflect this diversity. Jo Moriarty’s paper cogently argues that befriending interventions cannot be effective without understanding more about the profile of people who use them and the barriers that may deter others’ engagement.

A more conscious equalities perspective is required but the results of a review of the relevant literature highlights a number of key deficiencies in the data about service provision addressing equality domains such as ethnicity, sexual orientation and identity, disability, etc. Equality deficits appear to apply also to the profile of the volunteers providing befriending. The paper concludes that professionals running befriending schemes need to think about ways of reaching a more diverse population of older people. Jill Manthorpe’s paper covers similar ground, exploring as it does the equalities dimension of Falls Prevention Services in the light of the Equality Act 2010. She identifies a need for much better collection of data in order for commissioner and providers to consider trends and patterns in usage, particularly as the Act requires them to show that services are accessible, acceptable and appropriate to the UK’s increasingly diverse population. Sandhya Mahapatro provides another perspective on diversity with his paper on the impact of different living arrangements on the healthcare needs of older people in India.

Improving older people’s fitness is so important to quality of life; and developing the means of doing this effectively is a key priority for those working with older people. Two studies looked at how best to construct an intervention – one focussing on physical fitness and the other looking at cognitive functioning or “brain fitness”. Millard’s paper looks at whether the inclusion of physical activity into a community programme produces more benefit than one that solely includes a social element, which indeed he was able to conclude was in fact the case. Roscoe Nicholson’s paper provides a case study of ways to develop and improve a “Boost Your Brain and Memory” course designed to encourage lifestyle changes related to reduced risk of dementia or cognitive decline. It highlights a number of the learning points arising from older people’s feedback.

Involving older people and carers is an essential approach for those who are keen on improving services for older people. Emma Rivett takes this a bit further by looking at the literature on involving people with dementia in research; an area they can often be excluded from. The exclusion is often based on notions that “they can’t do it” – which the literature clearly shows is an erroneous assumption. Existing methods of research can be applied to helping people with dementia to act not just as participants, but also as “co-researchers”. Not only can they provide important insights to the research, but the involvement process itself can deliver many benefits for people with dementia, including improved confidence levels and self-esteem.

The value of the involvement of older people in the development of services to address their needs is further demonstrated by Jenny Barke’s paper on a community research project involving a group of mainly older community researchers working with academics and local community workers. The project in question aimed to innovate through working with older people and community organisations to identify interventions and strategies “that start from the premise of recognising and celebrating the skills, experience, knowledge, interests and expertise in the older community”. The paper suggests that this can result in better community solutions.

Of course not all forms of involvement are trouble free. Elizabeth Welch's paper explores whether relatives of care home residents are best placed to act as champions or advocates for their family members. The reality was found to be rather different with relatives experiencing a complex range of emotions which for some contributed to a conflict between how they felt that they ideally should respond to situations and how in fact they ended up behaving. The study reveals the danger of a "culture of acceptance" prevailing within the care home sector with some relatives becoming afraid to interfere for fear of inciting negative repercussions from staff. In other words they tended to downplay any concerns in an attempt not to "rock the boat". This has to be a matter for concern for all who work with older people.